Bureau o	of Health Care Qual	ity and Compliance				FORM	APPROVED	
AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	JMBER: A. BUILL		X2) MULTIPLE CONSTRUCTION . BUILDING S. WING		(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER	1 140-1 33ADA	STREET AD	DRESS CITY	STATE ZID CODE	03/3	0/2011	
SOLUTIONS RECOVERY - DAPPLE 5660 N DA		DRESS, CITY, STATE, ZIP CODE APPLE GRAY ROAD AS, NV 89149						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	VE ACTION SHOULD BE COMPLED TO THE APPROPRIATE DATE			
D 000	Initial Comment			D 000	4/14/11 APOC 3/6			
	by the Health Divis prohibiting any crir actions or other cla	onclusions of any invision shall not be cons ninal or civil investig aims for relief that ma arty under applicable	strued as ations, av be					
	a result of the Stat at your facility fron State Licensure su	Deficiencies was ger e Licensure survey on 3/29/11 to 3/30/11. Invey was conducted 49.150, Powers of the	conducted This by the					
	program beds for t alcohol and drugs.	sed for nine resident he treatment of abus The census at the t ix resident files and f re reviewed.	e of ime of the					
	The following defic	ciencies were identific	ed:					
D 035 SS=F	3. Each facility at least annually, a drill must be retain	Preparations for disast y shall conduct a disand and a written record of ed in the facility for reter the drill is conducted	aster drill of each not less	D 035 V			,	
	Based on record re 3/29/11 and 3/30/1 documentation of a past calendar year		on o provide		D 035: Solutions Recovery currently has an Emergency/Fire Disaster Policy & Procedure, and has since performed annual disaster drill at the Dapple G location for the calendar year of 201	ray 1.	EIVED	
	Severity: 2 Scope: 3						1 3 2011	
If defining -			***			EUREAU OF LICENS	URE AND CERTIFICATION	
				(eccipt of this statement of deficiencies.		(X6) DATE	
STATE FOR		DER/SUPPLIER REPRESEN	HATIVE'S SIGI	NATURE (XM PRBIDENT	1		

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FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS4753ADA 03/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5660 N DAPPLE GRAY ROAD SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 100	Continued From page 1	D 100		
D 100 SS=E		D 100		
	All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions or chapter 441A of NAC concerning tuberculos	of		
	This Regulation is not met as evidenced by NAC 441A.375 Medical facilities, facilities for dependent and homes for individual resident care: Management of cases and suspected cases; surveillance and testing of employee counseling and preventive treatment. (NRS 441A.120) 1. A case having tuberculosis or suspected considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines the Centers for Disease Control and Preventas adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shat maintain surveillance of employees of the factor home for tuberculosis and tuberculosis infection. The surveillance of employees must conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities proving the centers for Disease Control and Prevention adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person emplinal medical facility, a facility for the dependence a home for individual residential care shathave a:	or the ortial es; case alloe of of ortion established		

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If continuation sheet 2 of 8

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LIS VEGAS, NEVADA

FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS4753ADA 03/30/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

SOLUTIONS RECOVERY - DAPPLE

5660 N DAPPLE GRAY ROAD LAS VEGAS, NV 89149

LAS VEGAS, NV 89149						
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D 100	Continued From page 2	D 100				
	Continued From page 2 (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be					
	offered to a person with a positive tuberculosis screening test in accordance with the guidelines	and the state of t				
	of the Centers for Disease Control and					

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PRINTED: 04/01/2011 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS4753ADA 03/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5660 N DAPPLE GRAY ROAD** SOLUTIONS RECOVERY - DAPPLE LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) D 100 Continued From page 3 D 100 Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, Employee #11 does have an up to date TB eff. 1-24-92; A by R084-06, 7-14-2006) test which was in her personnel file at the time of survey, which is also attached. Based on record review on 3/30/11, the facility Employees #2 & #8 have since begun the did not ensure that 3 of 11 employees (Employee process of a 2 step TB test; paperwork is attached. # 2, #8 and #11) met the requirements of NAC Employee #2 did have a pre-employment 441A.375 concerning tuberculosis (TB) and 2 of physical in her personnel file at the time of 11 employees failed to meet the requirement of the audit; it is attached. Employee #1 has a pre-employment physical (Employee #1 and since received a physical, and the paperwork is attached. #2). Severity: 2 Scope: 2 D 216 NAC 449.141(8) Health Services D 216 SS=D 8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.

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This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or

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PRINTED: 04/01/2011 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING NVS4753ADA 03/30/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5660 N DAPPLE GRAY ROAD SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 216 Continued From page 4 D 216 homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment: documentation. (NRS 441A.120). 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum: (4) Has a fever which is not associated with a cold, flu or other apparent illness: (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not

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a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is

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health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation. the staff shall not admit the person until a health

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Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

NVS4753ADA

A. BUILDING
B. WING

03/30/2011

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOLUTIONS RECOVERY - DAPPLE

5660 N DAPPLE GRAY ROAD LAS VEGAS, NV 89149

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 216	Continued From page 6	D 216		
	care provider determines that the person does			
	not have active tuberculosis.			
	5. If a test or evaluation indicates that a person			
	has suspected or active tuberculosis, the staff of			
	the facility or home shall not admit the person to			
	the facility or home or, if he has already been			
	admitted, shall not allow the person to remain in			
	the facility or home, unless the facility or home			
	keeps the person in respiratory isolation. The			
	person must be kept in respiratory isolation until			
	a health care provider determines that the			
	person does not have active tuberculosis or			
	certifies that, although the person has active			
	tuberculosis, he is no longer infectious. A health			
	care provider shall not certify that a person with active tuberculosis is not infectious unless the			
	health care provider has obtained not less than			
	three consecutive negative sputum AFB smears			
	which were collected on separate days.	i		1
	6. If a test indicates that a person who has been			
	or will be admitted to a facility or home has			
	active tuberculosis, the staff of the facility or			
	home shall ensure that the person is treated for			
	the disease in accordance with the			
	recommendations of the Centers for Disease			
	Control and Prevention for the counseling of, and			
	effective treatment for, a person having active			
İ	tuberculosis. The recommendations are set forth			
	in the guidelines of the Centers for Disease			
	Control and Prevention as adopted by reference			
	in paragraph (g) of subsection 1 of NAC 441A.200.			
	The staff of the facility or home shall ensure that			
	counseling and preventive treatment are offered			
	to each person with a positive tuberculosis			
	screening test in accordance with the guidelines			
	of the Centers for Disease Control and			
	Prevention as adopted by reference in paragraph			
	(h) of subsection 1 of NAC 441A.200.			
	8. The staff of the facility or home shall ensure			
f deficiencies	are cited, an approved plan of correction must be returned within	10 down often se		J

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